State of N.Y. - 1st annual report of
Narcotic Drug Control Comm. - 1919
1920

Legislative Document No. 83

STATE OF NEW YORK

FIRST ANNUAL REPORT

OF THE

Narcotic Drug Control Commission

ALBANY
J. B. LYON COMPANY, PRINTERS
1919

FIRST ANNUAL REPORT OF THE NARCOTIC DRUG CONTROL COMMISSION

APRIL 10, 1919.

To the Legislature:

Pursuant to chapter 639, Laws of 1918, the Department of Narcotic Drug Control was organized in December, 1918, and the work of the Bureau of Habit Forming Drugs, State Department of Health, taken over. As the organization had to be perfected, forms and blanks of various kinds devised, more than 20,000 physicians, druggists, dentists, veterinarians, manufacturers and wholesalers provided with application blanks and registered with the Department, the work up to the present time has of necessity been largely detail work.

The budget prepared by the Department for the fiscal year ending June 30, 1920, is $56,640. The receipts of the Department from registration fees, order forms and prescription blanks will amount to approximately $40,000, leaving the actual outlay for operating and maintaining the Department less than $20,000.

The Department is composed of a Commissioner, three deputy commissioners, a secretary, a chief clerk, and five stenographers or filing clerks. The Commission has had the assistance of four clerks from the Bureau of Habit Forming Drugs, Department of Health, paid from that department under an appropriation that carries them until June 30, 1919.

The Commissioner and deputies have held meetings in various parts of the State with physicians, city officials and druggists, wholesalers and retailers, and the law explained and the purposes of the Department outlined. These meetings have encouraged a spirit of co-operation and support from those directly interested in the enforcement of the law.

The purpose of the Department is to enforce the law in a sane and rational manner so as to effectually curb the rapidly growing evil of drug addiction. To this end the following is proposed.

viz., the establishment of "Narcotic Clinics" in every city and community in the State where the unfortunates suffering from the disease of drug addiction can receive treatment. Letters have been addressed to the mayors of all the cities of the State asking their co-operation and support. Meetings have been held with the officials of New York City and other cities and plans are under consideration for the establishment of such clinics in connection with the municipal hospitals, or suitable places provided by the local authorities.

Medical authorities, who have studied drug addiction, agree that it is a disease and subject to treatment as much as any other disease, but many physicians have given scant attention to the subject and refuse to treat patients for drug addiction and they are of necessity driven to peddlers or to physicians and druggists who take unfair advantage of these unfortunates. From the records filed, the Department has knowledge of the physicians and druggists who are engaging in this practice but, until provision is made by the establishment of Narcotic Clinics where the patients can be treated, the Department does not feel justified in revoking the authority of the physician and druggist to treat and dispense narcotic drugs to those addicted.

The necessity of a thorough and scientific study of drug addiction by the medical profession is more evident daily and the adoption of some general method of treatment for this disease is greatly needed to help the unfortunate addicted to this habit to regain his self-respect and take his place in the community as a self-respecting, self-supporting citizen.

The Commission believes that no amendments are necessary to the law at this time, because the law is comprehensive in its provisions and the powers given the Commissioner to make rulings and decisions are ample to meet every contingency.

At the time of filing this report it is not possible to give any definite information regarding the number of persons in the State addicted to the use of habit forming drugs, but statistics are being compiled that will soon give full information regarding the extent of this evil.

In addition to the Narcotic Clinics there is urgent need of hospital accommodations where addicted patients can be com-

mitted and receive scientific treatment. The need of such places is evidenced daily by the applications received at the Department from those desiring treatment for the cure of this disease. Therefore, the Commission recommends at the earliest possible moment the establishment by the State of an institution or institutions for the treatment of those suffering from drug addiction, and urges upon the medical profession the earnest study and consideration of this problem, the proper solution of which means so much to the unfortunates suffering from the disease, to society and to the welfare of the State.

FRANK RICHARDSON,
Commissioner, Narcotic Drug Control.

April 8, 1919.

BULLETIN No. 1

STATE OF NEW YORK

SECOND ANNUAL REPORT

OF THE

Narcotic Drug Control Commission

WALTER R. HERRICK, Commissioner

April 15, 1920

ALBANY
J. B. LYON COMPANY, PRINTERS
1920

The Commission

SECOND ANNUAL REPORT

April 7, 1920

To the Legislature of the State of New York:

This Department was created by chapter 639 of the Laws of 1918, but as an administrative branch of the government did not commence operations until February 1, 1919, so that it has been in practical existence but a few months over a year.

Drug addiction has been properly called the scourge of modern times, and it is only within the last decade that sufficient knowledge of the subject has been had or interest taken in it to cause any corrective laws, either Federal or State, to be enacted, and that be it said to our shame, as drug addiction has been a matter of many years' growth. Few people realize that the United States in proportion to its population is the greatest consumer of habit-forming drugs of any country in the world, and yet we pride ourselves on our advanced civilization and education, our sanitary and moral mode of life.

The report of the Federal Investigating Committee, which is the latest authority extant, shows that the annual consumption of opium is 470,000 pounds; and on the basis of one grain of opium to a dose, that would provide every person in the country with thirty-six doses a year. Considering that a very large majority of the population never touch a bit of opium from one year's end to another, it can be readily realized by far the greater proportion of this consumption goes for the satisfaction of drug addiction. The much-talked-of cocaine, or, in the parlance of the drug addict, "snow," is produced from a certain variety of coca leaves. Of these leaves, there are sufficient imported into this country annually to produce 150,000 ounces of cocaine, enough to furnish every inhabitant with two-and-one-half doses. The report comments that it is estimated that only 25 per cent. of this amount is used in the legitimate medical or dental practice, so that the other 75 per cent. must be utilized for illicit purposes. These statistics do not include the amount of cocaine or opium which is smuggled into this country, of which no authoritative or accurate estimation can

be made. The smuggling proposition is one of the most difficult phases of drug addiction with which the authorities have to contend, for this is one of the greatest sources of illicit traffic in drugs, carried on, principally, through the so-called "peddlers," and the peddling situation is the worst side of the evil with which we have to cope.

WORK OF THE STATE DEPARTMENT

The name "Department of Narcotic Drug Control" is indicative of its work, for it is given control of the legitimate output and use of habit-forming drugs. It has within its province the licensing of manufacturers, wholesalers, apothecaries, veterinarians, physicians and dentists. Its work has increased vastly. Since I took office, clinics for drug addicts have been established in Buffalo, Binghamton, Corning, Hornell, Kingston, Middletown, Newburgh, Oneonta, Port Jervis, Rochester, Saratoga Springs, Syracuse, Utica and Watertown. Prior to my incumbency there were only two drug clinics in the State, one at Albany, established by my predecessor, and one in New York City, established under the supervision and direct instigation of Dr. Copeland, the commissioner of the city's Department of Public Health.

The office of the so-called drug clinic is dual, first, it tends to draw the addicts away from that class of doctors and apothecaries who commercialize the vice; second, it gives the Department an opportunity to come into personal contact with the addict and learn at first-hand his habits, needs and characteristics.

Our financial records show that in January, 1920, this Department took in, approximately, six times as much money as the Narcotic Bureau of the State Department of Public Health in the month of January, 1919; and, approximately, three times as much as in the month of February, 1919, the first month this Department was in existence; and, approximately, three times as much as in March, 1919, the month prior to the date of my appointment.

The total appropriation of the Department for maintenance and operation for the current fiscal year is.....	$22,000 00
Receipts from registrations and official blanks from April 1, 1919, to April 1, 1920.....	27,130 40

From the foregoing it can be seen that during the past calendar year, the Department has been practically self-supporting, as far as maintenance and operation is concerned; in other words, practically every cent of the taxpayers' money, which has contributed to the support of the Department, has been reimbursed to the State by the fees turned in to the State Treasurer by the Department.

The licenses issued by the Department are submitted in the following table:

Physicians	10,364
Apothecaries	4,415
Wholesalers and manufacturers	286
Dentists	2,275
Veterinarians	342
Institutions and hospitals	336
	18,018

One of the first questions that is asked by those who are interested in the subject of drug addiction is, How many drug addicts are there in the State? There have been various, and sometimes wild, estimates of the number. I think a safe and conservative approximation would be 39,000. The records of the Department show in round numbers 13,000 registered addicts. This number is composed of those who obtain habit-forming drugs through legitimate sources, that is directly from a doctor or on prescriptions issued by a doctor, filled by a druggist, or from the different clinics established throughout the State. To these figures should be added twice the number, which is an approximation of the users who obtain drugs from peddlers, or other illicit sources. Of course, this latter figure, as I have stated, is only an approximation. I base it on the percentage of addicts among the great number with whom I have personally conferred, who have admitted that they obtained their drugs from peddlers or other illicit sources. Between four-fifths and two-thirds of the registered addicts are located in the city of Greater New York, and the remaining fraction is scattered throughout the rest of the State. The larger the center of population, the greater the percentage of addicts.

New York City is peculiar in its form of drug addiction, for over 90 per cent. of its drug users are addicted to heroin, the strongest and most powerful of habit-forming drugs, the most detrimental in its effect upon the users, and the habit which is the most difficult to combat; whereas, in the other parts of the State about 93 per cent. of the drug users are addicted to morphine. There is, of course, an appreciable percentage of addicts who use cocaine only; but our records show that by far the larger number use cocaine in connection with morphine or heroin.

The registration by doctors and druggists, and the issuing of licenses to them, has increased since the enactment of the law nearly 70 per cent. This might seem to indicate an increased use of the drugs, but such is not the case. On the contrary, it is the result of the willingness of the doctors and druggists to comply with the requirements of the law, and submit to the control of the Department. Compared with the total number of doctors, druggists, dentists and veterinarians licensed, we find proportionately few who are openly defiant to the Federal and State laws. An investigation of a number of druggists shows that in the past nine months their sales of habit-forming drugs have decreased by nearly 50 per cent.

THE STORY OF DRUG ADDICTION

When a physician finds it necessary to administer morphine to quiet a patient who is not an addict but who is suffering pain, he is likely to administer one-twelfth or one-tenth of a grain. In some cases the doctor might, with reluctance, administer half a grain, and in very exceptional instances, one grain — although a grain is only 1/480 of an apothecary's ounce. Were he to administer two or three grains, he might kill his patient. If the person were to continue to take the small amount allowed, however, he might become habituated to larger and larger doses, and eventually may find it possible to consume an amount which would cause the death of a dozen persons not habitual users of the drug. Thousands of addicts in the State are taking fifteen grains of morphine per day, and hundreds use twenty-five and thirty grains per day. When the Department first began its work, in the spring of 1919, it was not at all unusual to find prescriptions for addicts calling

for sixty or seventy grains of morphine. Worse practices prevail with respect to heroin, a derivative of opium, and the most dangerous of the narcotic drugs. While it is sometimes allowed in a cough mixture containing only about one-fourth of a grain to a two-ounce solution, to be taken several times daily, many addicts are known to take ten, fifteen and twenty grains of this poison per day.

Withdrawal Symptoms

Yet, the startling and significant result of taking drugs is not merely the wreck of bodily health, it is rather that once a person has become habituated to narcotic drugs, however small the amount, he is in the clutches of a cruel and unrelenting master, whose brutal grasp is almost never shaken off unaided. An intense craving for the drug has been developed with the corresponding loss of self-control and every miserable or distressing symptom that man has ever experienced can now be reproduced in the head, neck, chest, abdomen, and extremities, if the drug is withheld for so short a period as a day or part of a day.

Threatening suicide and feigning collapse are among the usual phases of the addicts' cunning efforts to get a "shot." Recently two addict prisoners in the Tombs made a pact to feign suicide singly, one being left to give the alarm. The first one to experiment made a noose of the sheets which he tore into strips, and hung himself from the wall. When he became purple in the face, the second addict according to pact, yelled for the doctor, who came very promptly, cut the noose and administered the "shot." Encouraged by the success of his partner, the second addict undertook to hang himself. There was, however, no one to call the doctor for him, with the result, that he became a real suicide instead of a feigned one.

The following quotation from a work on pharmacology and therapeutics throws light on the dangerous enslavement of the addicts' will by the drug:

> "The treatment of chronic morphine poisoning is not very promising. The will and self-control would seem completely paralyzed in many cases, and although the patient wishes to

be freed from his enemy, he seems utterly unable to withstand the craving. *The only means of treatment which promises success in most cases is the strict regime of an asylum or retreat, where the patient is kept under constant supervision.* The immediate removal of the drug often produces such intense misery and depression as to seem actually dangerous; but the withdrawal ought not to be too gradual, and ought to be complete after two or three weeks at the most. The patient has to be watched carefully for long after he has apparently recovered, as relapses are exceedingly common.

"Heroin, diacetyl morphine, . . . appears to resemble morphine in its general effects, but acts more strongly on the respiration, and is therefore more poisonous."

The Slavery of Addiction

Drug addiction is not like the habit of drinking alcoholic beverages. The worst drunkard can, if he will, make a sudden determination and quit his habit forever. An accident or misfortune may stun him into sense and resolution. There are many instances of complete conversion, followed by immediate and lasting abstinence. But the drug addict rarely, if ever, rids himself of his habit alone, by force of determination or will. No misfortune or hope of reward is effectively deterrent. The distinction between a drunkard and an addict may be carried even further. The alcoholic may indulge in liquor to a greater or lesser degree, and he may be differentiated as such from others. But the addict may not be so classified. The amount of drug he consumes is incidental. If his supply is in danger, he is just as nervous and anxious, just as ready to steal, to lie, to debase himself, to secure it, whether he is a respectable citizen or a ruffian of the street. The life of every addict is dominated by the fear that his craving may not be satisfied. I recall an instance where one of these poor unfortunates was picked up on the street starving to death and taken to a hospital. When his clothes were searched it was found that he had $40 in cash in his pocket. The doctor told him that he had been starving to death and wanted to

know why he had not bought food with his money. The addict replied that he had lived with the fear that sometime he would not have enough money to buy the drug and that he always tried to keep $40 ahead and he would rather starve than use it.

The Drugs and How They Are Used

Opium and coca leaves and their derivatives, heroin, morphine, codeine, and cocaine, are the chief drugs used by addicts, morphine and heroin being most commonly used. Cocaine is generally in the form of a powder, which is inhaled a number of times a day through the nose, like snuff. Among minors, such "sniffing" is not infrequently carried on in a social way by the gang, meeting regularly for this purpose in some back alley or dark cellar. Weird as it may seem, these powders are sometimes inserted into the ears. Those experienced in detecting addicts can distinguish such type of addict by the whitish powder which often remains in the crevices or folds of the ear. Some drugs are dissolved in water or other beverages, and drunk. Opium is sometimes chewed.

A customary practice is the taking of heroin and morphine by injection with a hypodermic needle or syringe, requiring the puncture of the skin anew a number of times a day. Addicts have been known to make a hole in the skin with an ordinary pin or needle, and force the drug into the opening with an ordinary glass filler. The habit of injection carried on for years results in producing hundreds of sores over the parts of the body where the needle is used, abscesses and diseases follow that practice.

In spite of these discomforts and dangers the drug produce sensations that exert a fascination over the user. The following excerpts from a paper in "Modern Medicine," by a member of the American Medical Association, reveal something of the effects of drugs.

> "Cocaine is not a narcotic, but a pure exhilarator; it stimulates the mental and physical functions; it intensifies the accuracy of the senses and the mental enjoyment of them.

It renders the senses not only more alert, but intensifies the rapidity of the physical response to action, so that men think and act more quickly. It distorts the judgment, produces a contented certainty of mind that all one dreams and hopes for will surely come to pass.

"Among the early symptoms of its poisoning are ideas of persecution and suspicions in resentment against which the cocainist is quick to act. The cocainist is prone to carry weapons to defend himself against imaginary injuries or persecutors and is, therefore, a menace within his environment, especially as increased liability to act is coupled with distorted judgment and a blunted sense of responsibility. The intensity of the action of cocaine has its equal reaction in the intense nervousness and depression of its deprivation. The further excessive use does not produce sleep or a narcotic action as alcohol. There is no narcotic action in cocaine.

"Heroin is not an alkaloid found naturally in opium, but is built up synthetically from substances found therein. Its effect is to inflate personality, giving the exaggerated sense of egotistical importance, soothing hurt feelings and disappointments, and benumbing judgment. It acts similarly in many ways to cocaine; while its action is not so intense, neither is its reaction and depression so distressing. Its effects last longer than cocaine, and the dose does not have to be so often renewed. It does not produce the mental degeneration and distortion with delusions of persecutions as cocaine, but it does relieve pain and bring on narcotic sleep and forgetfulness when taken in doses beyond the stimulating amounts."

Who Are Addicts

The reactions thus experienced are not a pastime limited to the understratum of society. In its work, the Department has had occasion to help physicians, ministers, teachers, college professors, nurses, public officials, actors, literary men of repute, and men and women in all classes, creeds and walks of life, who to the ordinary observer appear to be normal and respectable citizens.

The terrible power of drugs can be illustrated by a case, an account of which appeared in the press in recent months. This was the story of a well-known English theatrical producer, in the prime of life, who, as a result of an accident in 1915, came into contact with a doctor who unscrupulously gave him morphine until he found he could not possibly do without it. He came to this county in 1916, still the victim of his habit, and endeavored in vain to rid himself of it while going about his ordinary business. He went to various physicians, but none of them were able to cure him. The addict became worse and worse, and the money which he brought with him from England disappeared. In the Spring of 1918 he was arrested for disorderly conduct, and sent to Riker's Island, where he remained until the Autumn. When he returned from this experience, he was cured of his craving and had gained considerable health and strength. However, in January, 1919, he went back to his addiction. Finally, his money gone, the former actor-manager had to go to the Narcotic Clinic conducted by the city to get his drug. Here he was cleared to Riverside Hospital, but he refused to take the treatment and had to be discharged. Desperation at not being able to secure the drug finally drove him to accept another opportunity for treatment at Riverside. Six days later, however, he was discharged from this hospital, as he was found to be insubordinate and unmanageable and his influence had been bad on the other inmates. Terrified at the prospect of years of misery, he ended it all by throwing himself from the eleventh story of a building.

Infant Addiction

In tracing addiction among the large number of women addicts, the Department has become aware of what is one of the most startling phases of the whole situation — the mother addict and her infant. Recently a case was discovered of a twenty-two months old infant, to whom its mother, an addict, was giving a grain of drug a day upon a doctor's prescription. When taken off the drug the infant showed no ill-effects. Such narcotic drug is frequently given by the addict mother without a prescription in order to soothe or quiet her baby when it cries or seems ill, in the

belief that it is uncomfortable without it. Even if it is not directly given, the infant gets it in its mother's milk. A well-known physician, in discussing infant addiction, states:

> "Opium and morphine are contra-indicated in children at the breast, in whom even minute quantities, e. g., one drop of laudanum, may produce the most alarming symptoms of poisoning."

Fifty-seven cases of infant addiction are on the department's list, and the number is increasing. Those who do not get it through breast milk, have it given to them by mouth, for its quieting effects, as one addict mother did in the Clinic, by moistening her finger, putting it in the heroin powder and rubbing the powdered finger over the lips of the baby.

The Spread of Addiction among the Young

The drug situation appears in its most terrible aspects, however, if one inquires the ages of addicts, and how they become subject to the habit. Another quotation from the article of the member of the American Medical Association, gives an indication of the exhilarating effect of drugs when first taken:

> "Bad associates and evil environment are probably today the chief causes producing heroin addiction among the youthful habitues. As many small boys take to tobacco smoking because it appeals to them as a manly or grown-up thing to do, so do many youths under evil environment, take to heroin."

Of 7,464 addicts treated at the Narcotic Clinic in New York City, 5,190 or almost 70 per cent were listed among those who had acquired the habit through bad associates. Curiosity and hospitality are thus two impulses that have led young people into addiction. On the streets of the city are many gangs of young men whose bond of union is secret indulgence in drugs. Leaders of play centers become conscious of many such groups; one creation center leader reports a group of boys ranging from thirteen to seventeen years of age whose main diversion was "sniffing"

cocaine. Once when discovered at the playground, they departed elsewhere, with a solemn warning and threat to him if he attempted to interfere with them. With extreme pity, yet with no power of alleviating the condition, he learned from talkative members of their haunts and exploits, and of boys coming from good homes who were enticed into the habit. Once the child is an addict, anxious parents who do not know the condition, may worry themselves sick without understanding why they cannot break their boy from the gang. As will be shown, the craving for the drug overcomes the innate sense of honesty and is the most fertile source of ingenious lying and intrigue, that makes for complete deception. Dissembling, even among these young addicts, often reaches consummate art.

The following quotations from a recent case that was decided in the Court of Appeals (*Tidd* v. *Skinner,* 225 N. Y. 422; January, 1919) will illustrate the moral depravity which drug addiction brought to the youth ensnared by it. In this case, a mother who was dependent upon her addict son for her support, sued a druggist for damages for selling heroin to the boy, whereby his health was ruined and his services lost. In granting compensatory damages allowed by the lower court, the following facts were brought out:

> " She had a son who at eighteen years of age was of good physique and fair ability. He lived with his mother and was employed by others at remunerative wages. The son was kind, helpful and obedient to this mother and brought to her all or a substantial part of his earnings. About that time, he was given fifteen or twenty tablets, each containing from one-twelfth to one-eighth of a grain of heroin, by a boy friend. From that time until he became twenty-one years of age (a period of between two and three years), he purchased of the defendant, except during the times when he was in a hospital or confined under criminal processes, more than 300 tablets per week. One week he purchased of them 1,000 tablets. Each of the tablets so purchased contained either one-twelfth or one-eighth of a grain of heroin. During a part of the time,

> the plaintiff's son personally pulverized and inhaled seventy-five to a hundred tablets per day. He became a physical wreck. He not only abandoned his work, but he pawned his clothing, and also carpets, rugs and furnishings from his mother's home to obtain money to buy the drug. At the time of the trial he was brought as a witness from the county jail where he was serving a term for petit larceny."

It is therefore not the perversion of the social instincts alone that is responsible for the creation of new addicts. Among those interested in such a gang are the illicit peddler, the smuggler and the trafficker, whose commercial motive results in the enslavement of new victims. In its most vicious phases, the power of dispensing the much-prized drug is one of the surest ways for a "Fagan" to hold his pupils or a white slaver to maintain control over his prey. Peddlers, like drug addiction, flourish in centers of large or congested population. True to the name, the peddler has no store or permanent place where he carries on his trade. He may take up his stand at a certain street corner or in the middle of a block for a day, possibly a week, after which he will move to a position a mile or two away in the same city, or even move to another city. The smuggled drug is not, however, the peddler's sole source of supply. He will often finance the drug addict. For an illustration, the addict may be too poor to pay for a doctor's prescription, or to pay the druggist for filling it. The peddler will give him the necessary money, it being agreed between them that when the addict procures the drug he will divide it with the peddler. A peddler who thus finances from twenty to fifty drug addicts will obtain not only a fair supply of the drug but a material profit on his initial outlay of money, for he sells the drug at a rate in excess of that charged by the druggist, and he also adulterates it in order to make it go further, the most used substance for adulteration being sugar of milk, or some other article sufficiently white to resemble the drug. I have known of instances where the addict had paid at the rate of a dollar a grain and would get six-tenths of a grain, and many more instances where he would be sold nothing but pure sugar of milk. I realize that this will naturally cause the question to be asked, Why then does the addict

buy from the peddler? There are three answers: The hesitation of having his addiction known to the authorities, as it would be if treated by a doctor or a clinic; the inclination to satisfy his craving by illegitimate means; and the fear of having his dosage reduced by the doctor or the clinic.

One very touching case came to light recently of a girl of eighteen who acquired the habit at the age of sixteen. She was employed among embroidery workers who were addicts. They told her they felt happy when they took cocaine and wanted "to do things." This led her to begin the habit. Subsequently she took cocaine again to relieve a headache. Her room-mate was an addict and so this girl became habituated also. Later the girls met some young men who were addicts, and they had frequent cocaine parties. As a result of her addiction, her earnings soon became inadequate to meet the constant drain on her resources. Matters became so desperate that she was driven to street walking, then arrested and later sent to Riverside Hospital where she was freed from the drug. After release her former friends sought her out, and she was inveigled back to the use of the drug. She is still an addict.

Some idea of the menace to society resulting from the addiction of minors may be gained by the statistics showing the age of addicts. The Government Report previously mentioned, states:

> "Most of the heroin addicts are comparatively young, a large proportion of them being boys and girls under the age of twenty. This is also true of cocaine addicts, many of them, according to the reports, being mere children."

A well-known judge of New York City, before whom a large number of addict cases have come, says:

> "Between the ages of seventeen and twenty-four we find many victims of heroin. The proportion of heroin addicts between these ages is so great that the average age of heroin addicts is between twenty-two and twenty-three."

Statistics of the Narcotic Clinic, for the period between April 10, 1919, and January 16, 1920, bear out these estimates. The

following table is a summary of the facts concerning those treated at this clinic during that time:

Age grouping years	Number of addicts within age group	Per cent of total in age group
15–19	743	10
20–24	2,142	29
25–29	2,218	30
30–34	1,155	15
35–39	766	10
40–50	365	5
50 and over	75	1
Total	7,464	100

It is thus evident that approximately 70 per cent. of the addicts were under thirty years of age. But, as the table shows, there were many addicts who were much older, though comparatively few seemed to live long, as only about 10 per cent. of them were over fifty years of age. To consider what are the causes of addiction among the more mature population I will disclose some of the important causes of the evil.

Self-Medication

Among mature people self-medication is one of the most important factors that leads to addiction. During suffering or illness or a spell of insomnia a doctor or some friend has suggested an opiate. It has brought relief. At some other time, in a moment of paint or depression, a small dose is taken. Sickness or misfortune may continue, and the weak will of the patient lends itself to larger and more frequent doses. After a month or two, the patient may suddenly realize that he is a hopeless slave to the drug.

Careless Use of Opiates by Doctors in Treatment

A very grave source of addiction is the careless use of opiates by doctors in prescribing to patients suffering from various illnesses. In this connection the following quotations from an article entitled "The Relation of Drug Addiction to Industry" by Dr. Thomas Blair, Chief of the Bureau of Drug Control of the Pennsylvania Department of Health, are pertinent:

"As regards the use of narcotics in medical practice, the reports we receive in the Pennsylvania bureau covering purchases of narcotics by physicians and prescriptions filled by pharmacists show without dispute that the rank and file of medical practitioners in the State are employing narcotics vastly in excess of what the standard textbooks teach to be justified in legitimate therapeutics. I am not referring to physicians who cater to drug addicts, but to the average hard-working physician. He gets into a rut and comes to prescribing narcotics under a host of trifling indications.

"So far as our findings in Pennsylvania are concerned, the free prescribing of narcotics in ordinary medical and surgical cases is one of the main etiological factors in the production of drug addiction."

In this article Doctor Blair gives a very striking instance of the careful use of drugs by one physician and the careless use of them by another. Quoting from a letter from a physician, in Industry, he shows that, although 15,000 men in a large manufacturing concern were under this physician's supervision, he used on the average only five grains of morphine per month. On the other hand, Doctor Blair has a record of the purchases of a private physician, who during four months previous to the writing of the article, bought an average of almost 3,180 grains of morphine and 1,260 grains of cocaine each month. Doctor Blair quite properly asks: "*What do they do with it?*"

The addicts thus produced are in a very different class from the others, for their misfortune is due, in no part, to their own weakness or error; they are innocent and unsuspecting victims of a doctor to whom they have gone for the legitimate professional treatment of their ailments.

This fact deepens the profound social responsibility for the affliction, and makes preventive measures, such as herein suggested, an imperative social obligation. Every experience with the problem demonstrates more and more clearly that addiction is a mental contagion.

Physical Effects of Prolonged Addiction

It need hardly be said that the use of narcotic drugs habitually, in the quantities usually taken by addicts, is extremely bad from a physical standpoint. One writer on the subject of drug addiction, after enumerating the grave physical disturbances caused by addiction, states that although some continue the opium habit seemingly with comparative immunity, eventually melancholia and dementia may follow the prolonged use of opium, and especially of morphine. The Government report states with respect to this point:

> "For years individuals addicted to the use of opiates may appear quite normal to the ordinary observer, but close attention will usually reveal signs of abnormal conditions as evidenced by variability of moods, waxy complexion, and emaciation. The committee finds that insanity is not infrequently a result of the use of cocaine in the case of adults."

Added to the physical effects of addiction are the consequent mental and moral disintegration. It brings a vivid impression of the condition of the confirmed addict to know that the average weight of 920 addicts admitted to a municipal institution for cure from the drug was only 115 pounds. When discharged from treatment, their average increase was from thirty-five to forty pounds.

Mental and Moral Degradation

The drug habit, among the poor, spells certain economic ruin. The workman who used to be thrifty is reduced to perpetual want. The married man starves his family; the addict mother skimps the family budget, or starves herself; the minor begs, steals, lies, joins the gang in exploits and crimes. Begging, stealing, lying, in all their manifestations, with crime to cap them, are indeed constant resources of the desperate addict deprived of financial means of getting the drug. The Department has learned, to use the language of a well-known writer on the subject, that:

> "The statements of the patients ought not to be taken into consideration, because these unfortunates seem to have lost

all idea of honor and truthfulness. As a general rule they are nervous, weak in character and wanting in energy, and utterly unfit for work."

This general description of demoralization applies with equal force to the more prosperous addict. When his drug has not appeared at his customary time, he is hounded by his craving, ready to lie, dissemble and degrade himself for it, and can do this so cleverly as to be most convincing.

Addiction a Menace to the Public

In September, 1919, an inquiry was made as to the number of addicts in the Tombs, New York's receiving prison for persons awaiting trial for criminal offenses. In the week ending September 20th, there were sixty-two addicts among the prisoners, and the following week fifty-six addicts. But it is not the criminality that addiction may produce which alone makes the addict a dangerous member of society. He may do much more harm than a criminal if he happens to be filling some such position as that of motorman of a car, or as chauffeur. Recently one of the volunteer physicians in the Narcotic Clinic for addicts did not appear for her evening welfare work and on inquiry it was found that a friend staying with her had been killed by a truck. Through mere accident it was discovered that the driver was a boy, whose name was on the list as a registered addict. Many persons who are engaged in occupations requiring self-control and steady nerves are afflicted with addiction.

Among 7,464 addicts registered in New York City, were the following:

Chauffeurs	100
Drivers	900
Conductors	70
Elevator men	70
Brakemen	15
Nurses	50

It is evident that in these cases the habit was not only a curse to the addict, but was also a danger to society.

Enough has been said to indicate the frightful evil of drug addiction and its menace to society, not only through the resultant misfortune to the individual addicted, but because of the great harm which the addict can spread, like a contagion, to those innocent of any wrong or weakness. Drug addiction is a tragedy, from the moment of its incipiency to its miserable end.

Restricting Apothecaries

Dealing in drugs by apothecaries is carefully guarded by law. The only preparations containing narcotic drugs which they may sell freely are those containing not more than a specified amount of the drug, and those in which the drug is unfit for internal use, as in liniment. With the exception of these exempt remedies and preparations, the apothecary may sell narcotic drugs to a consumer only on the prescription of the physician. The owner of an animal may, however, secure drug for it on the prescription of a veterinarian. A veterinarian may use his own private prescription blank in each case; but the physician may use his own prescription blank only when he prescribes not more than the small amount specified in the law, or if, when prescribing more than this specified amount, it is for use in the treatment of a disease or ailment other than drug addiction. If he wishes to prescribe for an addict in an amount larger than the specified amount he is not permitted to write on his private prescription blank; he must use the special triplicate prescription blanks, serially numbered, which the Department provides. When prescribing on these blanks, the physician retains one of the three copies, and gives the other two triplicates to the addict, who must give both to the apothecary to get his drug. One of these triplicates is retained by the apothecary and the other sent at once to the Department, informing the Department of the amount sold, the name and address of the doctor, the name, address and age of the addict, and the apothecary through whom he received his drug. The apothecary, under these provisions, has a written

record of each sale of drugs to the consumer, with the exception of exempt remedies since either an official or unofficial prescription from the practitioner will be in his possession. These must be filed separately and kept for two years, so that the inspector of the Department may at any time investigate the records of the transactions.

In addition, the apothecary is required to keep records in detail of all narcotic drugs purchased, with dates, amounts, etc., and the name and address of the person from whom they were bought. He must also keep a record of the amount of such drugs sold by him on official prescription blanks, the gross amount of each drug used in exempt remedies, and the gross amount sold on unofficial prescriptions. These and other matters may be required in reports by the Commissioner of Narcotic Drug Control. Experience indicates that they should be required frequently. The Department has now begun to secure such reports, in anticipation of an appropriation allowing an adequate staff of investigators and clerical assistants, since the value of the reports can be realized only if they are checked up.

Violations by Dishonest Apothecaries

Apothecaries generally are fully complying with the law and co-operating in its enforcement. Most of the reputable drug stores find the trade with addicts very disagreeable and fill only few such prescriptions or none at all. On the other hand, a number of apothecaries have found the addict trade highly remunerative and some of them are known to be engaging in the most questionable practices for commercial reasons. A type of violation discovered from the reports, is the plan of buying drug in Troy ounces but reporting the receipts as if they were avoirdupois ounces, which are 42½ grains less. This method of circumventing the law allows the druggist to accumulate a good deal of drug which he keeps off the records. Now that the Department has discovered this violation, steps to prevent such practices are being taken. It indicates the ingenuity with which the trafficking apothecary will make use of technicalities.

Recently the Department's attention was drawn to a drug store which was selling an immense amount of drugs, and investigation by the Department established conclusively the fact that violations were being brazenly committed. The Department, in co-operation with Internal Revenue officials, raided the drug store. When asked for his copies of the official prescription blanks, the apothecary said they were in the cellar. There, it was found that they were all thrown in great heaps upon the floor because so many had been filled that the proprietor had neither time nor space to file them. The officials walked knee deep, literally, in prescription blanks. Instead of carrying these away in a portfolio, as they had expected, the Internal Revenue men had to fill many big baskets and hire a taxicab to taken them to headquarters. From this great mass the official triplicate blanks for the month of November, 1919, were separated, after some difficulty, with the aid of ten men. It was found that in one month the drug store had filled over 6,000 prescriptions on official blanks alone. This does not, of course, include the number that probably were filled on unofficial blanks.

So profitable is the trade in drugs that in some chemists' shops other medicines are neglected. An officer of the Department entered one of these stores recently and asked for each of ten commodities carried by most reputable apothecaries. Not one was on sale. The drug store was in reality a den for addicts. There were bottles of medicine around the room and it had the appearance of a drug store, but that was merely incidental. The economic interests concerned may be illustrated by an assertion recently made that one of these druggists had made $75,000 profit in one year through the narcotic drug trade. Following is a table showing the difference in the number of prescriptions for narcotic drugs filled by drug stores dispensing for addicts, from the ordinary reputable drug store.

COMPARISON OF THE NUMBER OF PRESCRIPTIONS FOR ADDICTS FILLED BY DRUG STORES DISPENSING FOR ADDICTS IN THE CITY OF NEW YORK, NOVEMBER, 1919.

Drug stores catering to addicts	Number of prescriptions
A.	6,148
B.	3,111
C.	1,975
D.	713
Ordinary drug stores	
E.	48
F.	38

In spite of these rather discouraging statements, the following figures show that much has been accomplished in actual lessening both of number of prescriptions and amount of dosage.

The decrease in the amount of drug prescribed as a result of the careful observation of the Commission is shown by the following figures: During May, 1919, seven physicians had issued 4,806 prescriptions, containing 92,661 grains of heroin, an average dosage of 19+ grains. In February, 1920, fourteen physicians under observation (including the original seven) issued 19,586 prescriptions, containing 168,247 grains. This is a remarkable reduction in the size of dosage, a reduction of from an average of 19+ grains to 8+ grains per dose. The reduction of the amount of morphine per dose for the same period and from the same physicians was from thirty-one grains to 12+ grains.

An analysis of the returns following the issuing of the request by this Department that all physicians who prescribed for addicts cease to prescribe heroin, and wherever necessary transfer the patient to morphine, is illuminating. This request was made on March 6, 1920.

During the week March 1st to 7th inclusive, 6,366 prescriptions, calling for 55,813⅝ grains of heroin, had been issued by thirty-five physicians prescribing for addicts in Greater New

York. During the week March 9th to 15th inclusive, 302 prescriptions, with a dosage of 2,210¼ grains, were issued. This showed a decrease of 95 per cent. in the number of prescriptions for heroin issued. These figures are based on returns from registration cards and exemption certificates, and also from the doctor's own dispensing, so that the decrease could not represent a shift from one doctor or one drug store to another. That this is true is also definitely shown by the increase of morphine dosage of these same practitioners. The number of prescriptions for morphine issued by them within the same period increased from 4,286 to 9,281, more than doubling, and showing that they were making the effort to treat their patients on the new plan. Perhaps the most encouraging result of the shift was the actual decrease of the number of prescriptions during the period, of 1,069. Some of these must represent a genuine lessening and not just a shift from one practitioner or drug store to another.

The Department has received valuable aid and information from druggists, many of whom are anxious to see the addict problem successfully healed. The Department is, therefore, assured of the support of the better element among the dealers in drugs.

The Physician

The only way the addict may obtain drug legitimately is through the instrumentality of the physician, who may (1) either administer it or dispense it himself, or (2) may write a prescription for it. It is at once evident that a very important power is given to the physician, and that a great deal depends on the use he makes of this power. Most doctors are exercising great care. Unfortunately, however, others are very careless in prescribing drugs, and some are known to be unscrupulous, who use their professional license as middlemen in a nefarious practice in the enslavement of addicts. It is because of this fact that the Department of Narcotic Drug Control has had to exercise great vigilance in administering the law. This is a very delicate problem, since the general purpose of the law is not to add to the burden of reputable doctors but to check those whose activities are questionable.

The physician who administers drug to the addict himself, or sells it to him, instead of giving him a prescription for it, must

fill out an official dispensing blank, if the amount of drug thus administered or sold exceeds the small amount specified in the law as exempt from this formality. The dispensing blanks issued by the Department are in duplicate, so that the physician may keep his copy for a period of two years, as required, and should mail the other copy within twenty-four hours to the Department. This provision is designed to give the Department a complete check on all addicts who are receiving their drug direct from the doctor, without the use of a prescription.

Misuse of Unofficial Blanks

When a doctor does not give a patient the drug himself, but writes a prescription for it, he may use either an official or an unofficial blank, depending on whether he is treating his patient for addiction or for other ailments. Although the prescription of drug for an addict should be made on an official blank, in triplicate, many doctors have looked upon the provision allowing the prescription of narcotic drugs on unofficial blanks to those suffering from other ailments as a means of shielding addicts from record. The Department has investigated cases of many persons who are receiving drug on such unofficial blanks. Both the patient and the doctor in these cases have claimed that the treatment was for the purpose of relieving the pain caused by various diseases and sicknesses, such as asthma, bronchitis, tuberculosis, cancer, nephritis, etc., but in many instances when the patient was subjected to a physical examination, it was shown that this was a mere subterfuge, and that the patient was an ordinary addict.

The peculiar thing about these unofficial prescription blanks is the fact that some doctors prescribe narcotic drugs as if they were really remedies or cures for disease instead of being the means by which extreme suffering and pain can be deadened. An innumerable number of patients so treated were receiving no medicines other than these drugs. The Department has copies of many private prescriptions allowing as much as fifty grains of morphine, and recently came across one calling for the extraordinary amount of 500 grains. The misuse of unofficial blanks has been aggravated by the fact that such prescriptions have not been limited in amount by the law, while on the other hand no official record of

them was likely to appear anywhere. Apothecaries do not file them separately, as required. One case was disclosed recently in which a doctor used unofficial prescription blanks to prescribe for an addict three times in a single day. Each of these three prescriptions was filled in a different drug store. Unless the Department happened to find the prescription blank in the files of these drug stores, this violation would not come to light. To detect such misuse of the unofficial blank has been a very difficult problem of administration.

The law wisely allows the Department to make any regulation with respect to such prescription blanks as would be necessary for carrying out its purpose. The Department is at present working out a plan of procedure, which will abolish permission to use the unofficial prescription blank. This proposed regulation would cause no hardship to anyone, but would make administration much easier. Under such a scheme, the Department would be able to know daily what each doctor is prescribing to all patients who are receiving drug as part of their cure, whether they are ordinary addicts or are receiving the drug as a means of relief from pain and incurable illness. If the Department is given the necessary filing clerks and other employees, it will be possible to keep a complete check on the prescription of drug. Those prescriptions which are made out for addicts must be marked somewhat differently from those for incurable patients. It will still allow the doctor to give the drug to an addict as an incurable, rather than as an addict. However, the Department records will enable the administrative staff to check up such practices.

It will help the doctors, since many who have prescribed for patients on unofficial blanks for serious illness or disease did not know that at the same time these patients were receiving drug from other doctors, either as addicts or as patients being treated for painful sicknesses. Every time that the unofficial prescription blanks at a drug store were examined, from three to twenty-five addicts were discovered, because the names on the unofficial blanks were not on the records of the Department. It was thus possible to warn the honest doctor as to the nature of his case. The Department has made the conservative estimate, based on investigation, that the unofficial prescription blanks at the various drug-

gists contain the names of over 5,000 addicts who are not listed on other records. Under the proposed regulation, therefore, by which unofficial prescription blanks may not be used in any case in prescribing narcotic drugs over the exempt amount, the Department will be able to compile from the official prescription blanks a list of those who are receiving narcotic drugs as addicts and of those who are receiving the drug as patients. As a result of the proposed regulation practically all transactions involving the distribution of drugs are covered by the requirement in the law that official written records be made. An examination of the records sent to the Department will, therefore, show which physicians and which apothecaries are responsible for the distribution of large quantities of narcotics. The investigations of the Department will thus be narrowed to the real offenders, and the traffickers, physicians and apothecaries, eliminated with the least possible interference to both professions.

Experience of the Department with Physicians

But even when all prescriptions for drug are made out on official blanks, the larger problem remains of regulating the professional use of narcotics by physicians. That a number of doctors are abusing their professional privilege and that many others are careless in the prescription of narcotic drugs are facts which have been proved beyond doubt by the experience of the Department. The difficult problem is to act as a restraining influence on such misuse of power, without, at the same time, worrying the conscientious physician.

But the filing of all blanks only reveals the misuse by traffickers of their right to dispense and prescribe narcotics. The problem of stopping that misuse is a delicate one, which tries the tact and vigor of the enforcing officers. The Department Regulations provide:

> "A physician may *in the course of the legitimate practice in good faith* of his profession and for the purpose of relieving and preventing pain or suffering on the part of a patient, or to effect a cure, administer, prescribe or dispense cocaine or opium or its derivatives."

This is not an easy standard to enforce, but a few cases will show how clearly it might be violated.

On February 11, 1920, among the large number of triplicate blanks which were sent to the Department, one was discovered which called for 1,500 one-half grain tablets and 200 one-quarter grain tablets of morphine; that is 850 grains in all. The prescription was made out clearly to case N. P., an habituate. So weak-willed and irresponsible is an addict with respect to his craving that, if a large amount of drug is given to him, he will increase his dosage, or sell his surplus, or "treat" a friend, or store it up, aggravating the problem of addiction. Even when under treatment by a doctor who gives him his regular dosage, the addict is constantly endeavoring to get more than he needs. To what flagrant excesses may he go, therefore, if a doctor prescribes on legal forms amounts as extraordinary as this?

In another case the Department had to investigate a doctor who found the prescription blanks inadequate for the needs of his practice, and so used an official *order blank*, such as is sent to wholesalers. This order blank called for 2,000 one-quarter grain tablets of morphine sulphate, and was marked "For case M..... habituate." One physician prescribed three ounces (1,440 grains) of Cocaine Hcl, for a woman addict who was leaving the country for a trip to France. This quantity was evidently soon used up, for when she reached France she wrote the physician for more. The physician stated that the woman had been addicted to the drug for over twelve years, having started using it as a flesh-reducing agent.

This addict really went to France; but other addicts have used the same reason as a pretense for receiving vast quantities of drug from many doctors at the same time, thus having enough to store up and sell. The inspector reports that he found one drug store which was filling a doctor's prescriptions for four cases of addiction of long standing for from one-eighth ounce to one-quarter ounce, each time. In one drug store timely investigation showed that two prescriptions filled were dated in advance by the doctor, but evidently the addict had not waited, and the druggist had overlooked it.

If the doctor is really treating the addict in an attempt to cure, it is evident that he must not rely on the untrustworthy statements of the patient, but must make a diagnosis or examination sufficient to satisfy him as to his condition. It is not practice in good faith for a doctor to prescribe drug to a patient without a physical examination. The following case, therefore, is conclusive as to the carelessness, to say the least, of the doctor, who — unbelievable as it may seem — was found to have issued *835 official prescriptions for drug in a single day.* The Department was investigating the case when its attention was brought to this doctor again, and in a most unexpected way. It seems that many of his patients had been out celebrating in New Year's Eve, and their hilarity had been turned to a strong craving for their drug. As a consequence the Department had a complaint from a neighbor of the doctor that the noisy lot of addicts kept coming all night, and that at 3 A. M., there had been over a hundred of them in line for their prescriptions.

The usual violations are not of this flagrant type. They are commonly effected under the guise of the "reduction method," by which the patient's exaggerated statement as to his usual dosage is taken at face value, after which the doctor makes extremely small reductions in the amount prescribed, as part of very much prolonged "cures." But even if the doctor honestly attempts to free the addict from his craving, as so many do, there is no way by which the doctor can prevent the patient from deceiving him during this reduction by securing a dose from another doctor at the same time. Even if the doctor should succeed in making a considerable reduction, a point is reached beyond which reduction is very painful and the patient has a relapse to greater amounts. It discourages all hope for success by this method, since the addict is too weak-willed to stand the strain.

The physician, like all other registered users of drug, may be required to render reports to the Department covering all transactions or treatments involving narcotic drugs. The law provides that he shall keep a record of all drugs purchased, and of all items involving the dispensing of drugs in amounts above a specified maximum, including the name, address and age of the persons to

whom dispensed. He must also keep a record of the gross amount he has personally administered to patients. The Department has had so inadequate a staff that it was useless to require monthly reports from doctors concerning these matters, since there was no assistance available to check them up. In anticipation of an increased appropriation, however, the Department has recently requested such reports, and they have already proved of great assistance in giving the Department a basis for judgment as to the kind of treatment being given to addicts.

Regulation of Veterinarians and Dentists

In addition to requiring records and reports of manufacturers, wholesalers, apothecaries and doctors, dentists and veterinarians are also under regulations. The Department has not required reports from veterinarians or dentists because with the lack of an administrative force, it has not found it possible to check up the purchase, use and prescription of drug by veterinarians and dentists. The discussion of the problem of administering the law with respect to physicians has shown the problem involved.

Penalties for Violations

Besides fine and imprisonment under the Federal Law, in cases where the Department chooses to turn over its evidence to the Federal authorities, considerable strength is imparted to the State law by the penalties. The violation by any person of any of the laws is a misdemeanor. Registered persons may, in addition, lose their certificates, thus depriving them of the right to deal in narcotic drugs or use them professionally. Besides these penalties, physicians, dentists, veterinarians, pharmacists, druggists and registered nurses may have their professional licenses revoked by the appropriate board.

Under the law, the veterinarian may prescribe an unlimited amount of drug on a private prescription for the use of an animal. An addict who owns an animal or a stable would thus find it easy to obtain the drug from an unscrupulous veterinarian, without any record appearing which would call the Department's attention to it unless one of its officials happened to be inspecting the unofficial

blanks at the particular drug store where the veterinarian's prescription was filled. This again demonstrates the imperative necessity of either abolishing the use of unofficial prescription blanks or the compulsory filing of the same with the Department.

Because of the lack of an adequate appropriation, the Department has not been able to gather evidence sufficient to *convict in all cases* in which it has reason to feel that dishonest practices are being carried on. The Department, however, has ascertained which apothecaries and physicians need constant watching. The number of those in the first district who are under special supervision are thirteen physicians and twenty-two drug stores. In many cases the Department has been instrumental in securing convictions by turning over its evidence to the Federal authorities.

The proposed regulation that all prescriptions for narcotic drugs must be made on official triplicate blanks, if supplemented by an appropriation creating an adequate force to check them up, will make the law an almost complete and automatic detective force. Every sale, transaction or use of the drug (with few exceptions of no great importance) must be recorded in writing and this will constitute in the duplicate copies retained by the manufacturer, wholesaler, apothecary or practitioner or in the copies of these orders and prescriptions sent to the Department, a complete record and checking system. Discrepancies of a serious nature would surely be revealed somewhere in the reports, especially if the State Department and the Federal Revenue Bureau officials cooperated closely.

Ambulatory Practice

The root of the problem of drug addiction does not, however, lie in the enforcement of the law or in the observance of good faith by those entrusted with the distribution of narcotic drugs. It goes much deeper, because the whole practice of medicine with respect to "cure" is involved. Under the prevailing practice, the addict is commonly treated by what is known as the ambulatory method, by which the patient agrees to submit, or pretends to submit, to the reduction of his dose gradually by a slight amount while going about his customary business, with the hope that eventually the dose will be so small as to enable the patient to abandon it altogether without serious discomfort. Can such a method succeed?

It will aid in the further understanding of the problem if the discussion of it is prefaced by an opinion typical of many, from a physician who has handled many cases of addicts. He writes:

> "I regret to say that I know of no reliable cure, having been unable to take any addicts off the drug entirely, but I have made a gradual reduction in all cases. In my opinion the ambulatory method of prescribing is harmful and ineffective because absolutely no restraint is placed on the addict."

All experience bears out his contention. It has been shown that the craving for drug is of the most pressing and insistent sort; and that enforced abstinence produces extreme agony. It has also been shown that the addict is unable to resist his craving for the drug, and that he cannot be trusted with any considerable amount of it in his possession. Is it not contrary to all reason and experience, therefore, to expect success from a method by which the addict is asked to undergo with fortitude and self-control one of the most critical cures?

Even those addicts who insist that they are determined to rid themselves of the habit, after they have had the usual dose, change in their mood, lose determination and relapse when their supply seems to be in danger. Many addicts have had the courage to begin treatment under the reduction method, and have placed themselves whole-heartedly under the care of an honest physician. For a brief time they have resisted temptation, and have held out against violation of their pledge to the doctor while the dose was being diminished by very slight amounts. But, sooner or later, the dose seemed inadequate or reached too low a point; they felt great pain and were very ill. No restraint but their own feeble will, weakened by years of addiction, has stood as a barrier to their impulse to relieve their suffering and deceive their doctor. They have bought drug "on the street," or have gone to another doctor for "treatment," thus doubling their dose. The physician soon gets an inkling of this condition, and it discourages his hopes of achieving a cure. The drug addict thus learns to deceive, and

the doctor to become of necessity a more or less knowing conspirator if he continues the treatment.

The physician may be deceived in still another way. An addict who comes to him to be taken off the drug by the reduction method sets his own figure as the point from which he is to be reduced. He says that he has been accustomed to taking thirty grains of morphine, when perhaps his normal dose is five. How is the physician to know that he is not telling the truth? Moreover, the addict may then go to the next doctor and secure thirty grains more. He now has more than he could possibly use, and he can accumulate a supply ample to make him an illicit seller. Among the poorer addicts, almost all these unfortunates are sellers, profiting by the drug they sell so that they may support their addiction. Many doctors have given up treating patients by the ambulatory method, and do not prescribe drugs at all to addicts. The trade has consequently been concentrated in the hands of a very small number of doctors, some of whom are struggling against its difficulties, but in vain, and others who are taking unscrupulous advantage of their professional rights to profit by the enslavement of drug victims.

Some interesting reflections on the ambulatory method of treating drug addicts are brought out in the case of Knoop v. State Board of Health (103 Atl. 904, June 1918) in which the Rhode Island Supreme Court sustained the revocation of the professional license of Doctor Knoop for illegal prescription of drugs. With respect to this kind of cure, the following paragraphs from the Court's decision are of special significance:

> "The appellant claimed that the treatment given to these patients was given in good faith and in accordance with recognized medical practice of 'cure by reduction.' . . . One of the physicians who testified *on behalf of the appellant* testified very frankly that he would not undertake the treatment, outside of an institution, of an addict who did not desire to be cured, for the obvious reason that it would be useless. . . .

> "That he (Dr. Knoop) did not expect to cure the patient is made clear by his own testimony, when he was recalled to the witness stand after other witnesses had testified in regard to his method of treatment. The appellant then admitted that he did not expect to cure his patients, that the only practical way of effecting a cure would be by placing them under control in some institution, and that his object was to give his patients a sufficient supply of the drug to enable them to continue their usual occupations."

Such admission by a doctor pleading that his professional license should not be revoked is an unusual type of evidence against the utility of the ambulatory reduction method.

In an attempt to prevent the addict from receiving drug through more than one doctor, the New York City Health Department, in cooperation with the State Department of Narcotic Drug Control, experimented with an administrative procedure designed to make it impossible for the addict to secure drug more than once a day. Every addict was required to be registered. When he presented himself at the clinic, he was physically examined by a physician, after which he received a dosage card which contained his name, his address, his age, the usual amount of drug he had been accustomed to taking, and his picture. Every time the doctor prescribed for an addict, he was required to sign a designated blank space on the dosage sheet for that day, and the apothecary, likewise, when filling the prescription. It was hoped that the addict would not receive more than one prescription for that day because the next doctor or apothecary would see that the spaces on the calendar dosage card for that day had already been signed, and therefore would not violate the law. Over 7,500 addicts were thus registered.

The history of individual cases of drug addicts establishes the fact conclusively that an addict is rarely rid of his misfortune permanently under the present methods of handling the problem. One of the addicts on the Department's list has been "on the drug" for over forty-six years, and has struggled repeatedly to rid himself of it. His son, now thirty years old, has been using the drug

for fifteen years, vainly trying to shake it off. Of the 7,464 patients treated at the Narcotic Clinic up to March 1, 1920, the following statistics were compiled as to the duration of the habit:

Less than one year	262
One to five years	2,796
Five to ten years	2,838
Ten to fifteen years	1,103
More than fifteen years	465
	7,464

Istitutional Treatment Preferable

In the light of the facts concerning ambulatory practice, this method is generally held to be one which does not result in taking addicts off the drug, while, on the other hand, it is an important factor in making it possible for addicts to remain on the drug. Most students of the problem are convinced that ambulatory practice should be abolished, and in its stead provision should be made for compulsory institutional treatment of all addicts. When the patient can afford it, this should be done in a hospital of his own choice, and if he cannot, at a public hospital, free of charge. In either case, while under treatment, he will be under the jurisdiction of one medical authority, who knows exactly whether he needs any drug and can regulate the amount he gets. During the trying period when withdrawal symptoms and suffering frighten him, he will feel the restraining and confident hand of the physician. After being taken off the drug, he should be rehabilitated and made fit to resume normal functions in society.

One of the far-reaching advantages of institutional treatment is that it is sure to reveal the infirmities that lead the addict into his misfortune. Mental and physical tests will disclose the condition of the addict. The tubercular may be removed to a sanatorium; the feeble-minded to an asylum; the senile to an institution for the aged; the minor to a reform school or other environment; and the cancerous to a hospital. This will remove from the list of unrestrained addicts those who can never be trusted in

society without being a menace to themselves and to others. Such facts are hidden under present conditions, but if the supply is cut off, the addicts will be driven to seek hospital shelter and care, to be shielded from harm and from doing harm. Society will then be able to provide the addict who is otherwise normal with the treatment that will surely rid him of his craving, and thus break the bonds which have tied him to a life of misery and degradation.

The Period of After Care

Although the addict may be freed from the drug of his addiction at the hospital, he is not ready in two or three weeks to go back to society and to take up his duties of life unless rehabilitated in health. It would be a waste of effort if he were discharged immediately after being taken off the drug, since it would cast upon the community a physical weakling, who has not yet really forgotten the drug, though released from his craving for it. Immediately after discharge from the hospital, the patient should be transferred to some other institution where he may rebuild his health and strength, forget about the drug and regain some of that confidence in himself without which he never will be free from temptation.

Follow-up Work

The articles quoted show not only that the ordeal, through which an addict must go to be cured, makes it utterly impossible for him to rid himself of the drug under ambulatory method, but also indicates that even when the craving itself has been withdrawn, there persists for sometime a tendency to revert to the use of the drug. This is only natural, since the addict may have used it daily for many years. When the addict has been allowed to return to society, therefore, special supervision must necessarily be exercised over him for a time until he has learned to resist temptation in periods of illness or depression when it may seem to him that it is necessary for him to obtain the drug. And thus a third factor in the cure becomes necessary — follow-up work; the patient should be treated as if on probation.

In many cases it would be desirable to teach him a trade, in order that he may get permanent work. It may involve finding the addict a job or aiding him until he finds one. In the case of minors and other dependents it may involve readjustment of the home. It may be also necessary to recommend that provision be made during his cure to aid his family or his dependents so that he may not find his home broken up when he returns.

Suppression of the Illicit Traffic

All the benefits of the cures and rehabilitations achieved can be nullified if the environment to which the former addict returns is full of illicit trafficking, and traders are allowed to pursue their commercial interest by tempting him back to the drug. Of the 2,000 addicts treated at Riverside, over 1,500 were pronounced freed from their terrible craving when discharged. The illicit trade in New York City is so widely prevalent, and the ambulatory method is so convenient for the resumption of the habit, that no permanent good could possibly result from merely taking the addict off the drug.

The most ingenious and diabolical schemes for conducting the underground traffic have been discovered. Sometimes drug is sold by newsboys, inside the innocent looking morning paper. At Christmas time, toy candlesticks sold on the streets were discovered to be filled with heroin. Pencils sold to school children were found to be hollow, containing a large dose for the use of the child or someone who was securing it through the child. Heels of shoes have been known to be filled with drug. Usually it is wrapped in paper packages and sold in envelopes or boxes. The warden of a prison recently discovered that a very attractive postcard sent to an Italian prisoner, with a big padded heart on it, concealed heroin, for use by the prisoner. In another case, paper was soaked in heroin and a few words scratched on it to make the sheet appear to be a communication. This "letter" the prisoner shewed up.

Some drugs sold by peddlers are often adulterated. Two grains of heroin will be mixed with sugar and water so that it seems to be twenty grains. This makes the peddler less dangerous in a

sense than the doctor, for the physician's prescriptions call for the pure product, which means a greatly increased dosage. On the other hand, such adulteration by peddlers may be poisonous. Weird cases have come to light; one such preparation was mixed with the scratchings of paint off the wall and the dose killed an addict.

The Need for Adequate Hospital and Institutional Facilities

Adequate hospital facilities are a paramount need as such facilities are essential to every phase of the administration of the law. They are needed if the Department is to deal rigorously with the commercial doctors and the illicit venders; they are needed if the Department is to be able to respond to various emergency cases that are constantly called to its attention, and they are especially necessary if the humane and social purposes of the law, with respect to ridding the addict of his affliction, are to be an important part of the Department's work. It is unfortunate that some addicts have had to be committed to prisons, since they are not criminals. If the Legislature becomes convinced of the futility of trying to decrease addiction by the ambulatory method, it must provide that all addicts, who cannot pay, shall be given free institutional treatment. And special emergency facilities should be provided to handle the large number of cases that must be taken care of during the first year or two of the new law. Adequate provision for hospital facilities will make it possible for the administration of the narcotic act, to carry on large constructive policies by which addicts may be redeemed and turned back to society fit for useful endeavor.

An exceedingly important power is provided by the law in permitting the commitment of the addict to a public institution until freed from the drug. Any magistrate may commit an addict whether the latter wills it or not, but the Commissioner of Narcotic Drug Control may commit him only when he consents. This power can be used with great effectiveness when the hospital facilities needed to take care of the addicts are available. This was shown when the City of New York made Riverside Hospital available and to this hospital most of those committed at the

instance of the Department were sent. Between October 1st of last year, and February 1st of this year, the Department succeeded in havingg the following commitments made to institutions of the City of New York:

Riverside Hospital	1,581
Metropolitan Hospital	78
Bellevue Hospital	36
Kings County Hospital	5
Workhouse	12
	1,712

As has beenpreviously noted, the Department has had no hospital or institution under its official control to which the many addicts coming under its jurisdiction might be committed. The lack of hospital facilities has proved very embarrassing to the Department when it has found reason to disapprove of a doctor's method of treatment and especially so in its attempts to get the addicts to turn over a new leaf.

INADEQUATE RESOURCES OF THE DEPARTMENT

Through its entire administration, the Department has suffered from inadequate resources with which to attack the vast problem entrusted to it. The New York City district, for instance, had not at any time had the money necessary to pay even for its district office. At first, it succeeded in obtaining the free use of some rooms in the Hall of Records. There the deputy commissioner found it necessary to interview many of the addicts. Soon objection was made to their presence and the Department had to seek space elsewhere. The Community Clearing House in East Twenty-second street offered the use of some of its rooms, but in a few weeks a dispossess notice was issued. Temporary refuge was found at 261 Madison avenue, but in less than a week the Department had to move again. The office of the district deputy commissioner is now located at her own house, and that of the commissioner in his personal office.

An equally serious handicap is the lack of assistance with which to carry on even the barest requirements of the law. In spite of the fact that thousands of official triplicates reach the Department each month and that there were hundreds of reports from manufacturers, apothecaries, practitioners, etc., to check up and file, the total clerical staff allotted to the first district of the Department is one stenographer and one filing clerk. In spite of the immense amount of investigation that should be carried on constantly only one inspector has been available for the New York City district, at a salary of $1,320. As a result, the co-operation of Federal and municipal agencies of enforcement had to be depended upon as far as possible, and much of the work was effected through the volunteer assistance of private individuals interested in promoting this important work. If not for such volunteer assistance, even the mere clerical and stenographic work could not have been done. Hundreds of letters had to be written every week, and the Department's advice and assistance has been sought by telephone or personal call by thousands of addicts and hundreds of apothecaries, doctors and others.

WHAT THE DEPARTMENT HAS DONE

In spite of this, the Department has been able to make a considerable impression on the drug problem within the State. It could never have accomplished the large amount of work necessary, however, without the hearty co-operation of other authorities and of volunteer workers.

Its work may be classified as both repressive and constructive. The Department has endeavored to secure the co-operation and support of the physicians, the dealers and the druggists in its campaign against misuse of drugs. The results achieved are due in large measure to the success of its methods. The repressive work has grown out of its supervision of the transactions in drugs by the various registered dealers, resulting in the detection of irregularities, frauds and malpractices. Drug stores and offices of doctors have been raided, and a number have been taught to obey the law. Drug stores have learned that the Department is supervising their transactions, and they have given more care to

the provisions of the law regulating their sales. Many apothecaries have whole-heartedly co-operated with the Department, and have given it timely information by which violations could be detected.

Heroin as has been stated before in this report is the most powerful of all habit-forming drugs; therefore its use is to be feared the most. The Department has been anxious to bring about a decrease in the amount of heroin used. It has used its influence with the doctors to have them prescribe a minimum amount of heroin and that wherever possible heroin addicts should be changed to the use of morphine, which is less dangerous. The records of the Department show that it has succeeded in having a marked effect on the prescription of heroin.

A letter received early in March, 1920, accompanying the report of one of the largest manufacturers of drugs in the City of New York, states that the amount of heroin sold of late has been "almost insignificant." While this is indicative of the decrease of the legal sale of heroin, there is no doubt that a large amount may have reached addicts through the underground channels of illicit trade. Even more recently, a campaign in the first district has had as its object co-operation of doctors in securing the total abandonment of the use of heroin in the treatment of addicts. Co-operation in this was obtained from almost every physician and from March 12th until April 1st, only two triplicate copies of prescriptions for heroin reached the Department. The addicts have been changed from the use of heroin to that of morphine. Druggists have in many instances co-operated with the Department by refusing to handle heroin prescriptions for addicts.

The vigilance of the Department has had much support from the medical profession who have applauded its efforts to decrease the ravages of addiction. Physicians have always answered requests for information in a courteous and sympathetic way. By bringing pressure to bear, the Department has induced doctors to send many of their patients to hospitals for cure, instead of continuing the ambulatory method. I large number of the addicts committed to institutions were thus sent with the co-oper-

ation of the physician. The Department has taken an active part in the indictment and prosecution of those who have violated the law, and has closely watched a number of others. It has revoked the licenses of violators of the narcotic law.

In the constructive work the Department has come into closer contact with the addicts than ever before. Under the registration plan, tried out in New York City, approximately 7,500 addicts were recorded, and under the proposed regulation abolishing the unofficial blank, the names of all addicts under treatment should appear on official copies, sent to headquarters, from which it will be possible to compile a complete list. The registration plan involved exemptions from this requirement for incurables, and brought over 5,000 requests for such exemption certificates. To make physical examinations of the applicants, the Department secured free space for an exemption bureau, at which a number of social workers and doctors of high standing in their profession lent their services without compensation. As the result of these careful examinations, only 500 exemptions were granted, and these are now reduced to 300.

A noteworthy achievement is that the Department has been able to induce nearly 1,800 addicts to enter an institution for treatment, since with very few exceptions commitments were made with the consent of the addict. This was due in a large measure to the pressure which the administration of the law put upon them and the confidence in the Department shared by most addicts. These commitments represent, to a large extent, personal consultation with the addict, building up his hope that he might be cured, and ultimately, that final personal pressure by which the addict's consent to be sent away to an institution is secured.

The Department has done much to maintain the self-respect of the addict. Under the methods formerly prevailing, addicts were often sent to the workhouse for treatment and, even when committed to a hospital, the form of commitment was such as to strike terror and to degrade. These harsh forms, similar to those employed in sentencing a criminal to a term of imprisonment, were wholly unsuited to the commitment of the unfortunate

addicts, and at the instance of the Department and with the cooperation of the justices of the courts, a new form of commitment has been worked out which takes away the former sting of implied criminality. Addicts committed by the court or Department on their own request are sent to hospitals, not correctional institutions. There they are detained not as criminals, in the interest of society, but as afflicted persons, in their own interest, until they can be discharged free from craving. The Department believes that society should recognize the evil effect of associating these unfortunates with criminals and that as a means of sustaining the morals of respectable addicts, more complete authority to handle the problem without recourse to courts should be given to the administrative agencies in charge of the narcotic act.

In many cases commitments involved the absence of the bread winner of the family, and made it necessary for the Department to carry on a good deal of welfare work in connection with its activities. Such needy cases should be provided for by law if society really wishes to get hold of the addict. As no appropriation whatever was available, the Department secured the assistance of volunteers and interested citizens, who made the investigations, assisted in the work and supplied thousands of dollars as well, to enable them to give relief in proper cases. A great many letters showing the gratitude of addicts or their families have been received. A few typical instances of the welfare work done will indicate the nature of the distress relieved.

J. K., a colored addict, came out of a hospital freed of the drug and was anxious to start working but could not secure a position. Clothes were secured for him and work found for him in a restaurant, with which he was satisfied. W. W., another addict who came out of Riverside at about the same time, was given food and, after consultation, provided with transportation back to his home in New Haven. In another case an addict who was freed from the drug was penniless, wretchedly clothed, with his feet nearly on the ground because of worn shoes. Adequate help was secured for him by appeal to the Bowery Mission. Another addict came to the Clearing House the day after he was discharged from the hospital. He was very hungry and suffered greatly with a chronic

rheumatic leg. With the help of the Salvation Army, the former addict was given food and rest, and later work was found for him that was not too great a strain on his strength.

From intensive experience with addicts, the Department has gained a much wider knowledge of the problem involved and has accumulated information which will make it possible to handle the work with increasing success. That, however, cannot be done without the necessary official financing. Now that dealers in drugs and physicians have been prodded by the Department, a vast number of prescription blanks must be examined, classified and filed. About 50,000 triplicate prescription blanks alone come in every month. Hundreds, if not thousands, of reports must be gone over and checked. A vast amount of correspondence must be sent out and personal inquiries answered.

INFORMATION BUREAU FOR ADDICTS

The social purpose of the narcotic law cannot be adequately maintained if, in addition to other services, the Department does not provide a bureau at which the individual addict, either at the direction of his physician or on his own application, may be interviewed, examined and given advice as to where to go for hospitalization.

When an addict is cut off from his usual source of supply and thus brought to realize that he should take measures to be cured, there should be a bureau to which he can go, confident that he will be sent to the hospital where he can get relief and where his secret will be conserved. The Department has had a wide experience with addicts seeking such advice and has found, as has already been shown, that they will go to such a bureau freely and will respond to the advice given if they have confidence in its management. Such a bureau will act as a clearing house for all the types of addicts. It should have facilities for such physical (and mental) examinations as will make it possible to segregate the feeble-minded, the tubercular, and the cardiac patients, so that each class can be properly distributed. The number and distribution of beds available for men, for women, for infants and children, will be kept on file so that patients can be promptly cleared for

treatment. Promptness is essential in treating addicts, since the withdrawal symptoms do not delay and are aggravated by anxiety and generally they appear soon after the drug is withdrawn. The bureau would be a great service to physicians to whom addicts apply and who do not themselves know where to send them. The Department has been able to help many such and as the work develops and team-play with it, this type of appeal may be expected to increase greatly.

AN INCREASE IN APPROPRIATION ESSENTIAL

As has been made clear in this report, the Department has been hampered at every turn by inadequate resources. The lack of an appropriation for an office or a bureau in the New York and Buffalo districts, the lack of sufficient clerical assistance and inspection force, and the inability to secure the hospital facilities which are so important an adjunct of its work have impaired its efficiency. In spite of the large amount of work done, a much greater amount of activity is necessary to handle the situation effectively.

If adequate support can be obtained from the Legislature, there is every hope that the present situation with respect to drug addiction may be overcome. The Department has indicated the plan by which the use of drug addiction may be reduced to a minimum, addicts freed from the drug, and the creation of new addicts prevented.

It seems safe to say that from the figures given, showing an appreciable decrease (1) of the number of addicts, (2) of the number of prescriptions issued, (3) in the practical abolition of heroin from prescriptions, and (4) the remarkable lessening of the size of dosage, that the Department can justly claim effectiveness in the administration of the law, under which the Department was created.

Notwithstanding the great advance that has been made in the past ten years in controlling the drug situation by corrective legislation, both Federal and State, I feel far more progressive action must be taken before we will have reached the ultimate solution. My experience has convinced me that there are two vital steps necessary to solve the proposition. The drug addict

in some of his characteristics is as clever as an insane person, in others as irresponsible as an infant. The combination renders him totally unfit to cope with his addiction or to judge as to what is best for his interests. This brings me to the first of the steps which I advocate, namely, official custodial treatment in government institutions, maintained by the government, Federal or State, for the treatment of drug addiction only. As drug addiction is a menace to public health, its treatment should be obligatory and a governmental charge. As such treatment is a specialty in itself, institutions should be established particularly adapted for that purpose. While undergoing treatment the addict should be under custody as very few addicts voluntarily submit themselves to be cured. During treatment they show resistance to reduction and in many instances, throwing off all restraint, break into places where the drug is stored and steal it.

Even after being cured (and by cured I mean that the use of the drug has been eliminated) and the addict is beginning to return to a normal condition, he is never actually cured until all craving for the drug has disappeared and the tendency to return to its use eliminated. It is not safe for his own welfare to allow him to return immediately to the everyday walks of life. It may be that he is not naturally strong physically or mentally, that he is destitute and has no means of obtainingg employment and has others depending upon him. The result is worry and despondency, and unfortunately the all too frequent tendency is to return to the drug. This brings me to the second step which I believe to be second in importance to the cure itself and is the so-called after-cure treatment. Briefly stated, it should consist of custodial care after the complete withdrawal of the drug with the object of rebuilding the addict both physically and mentally.

The next fundamental change I would suggest is placing the supervision and control of the narcotic drug situation in the Federal Government exclusively, advocating the absolute prohibition of the sale, use, manufacture, importation and possession of heroin and cocaine. The Government should have the monopoly of the importation, manufacture, dispensing and selling of all the other derivatives of opium. I am reliably informed by repu-

table physicians and dentists that the use of cocaine is not necessary in their respective profession and I am further informed that a great number of physicians have abandoned its use and have substituted in its place novocaine which is not a habit-forming drug and is quite as effective for medical or dental purposes.

The heroin habit is the worst of the drug evils, as it is likewise the most powerful of the habit-forming narcotics. Physicians disagree as to the necessity of its use in the practice of medicine. However, many of them who speak with knowledge and authority are in favor of the non-use. As a habit, it is the most difficult to cure and it is so totally demoralizing to the addict that I am compelled to come to the conclusion that the public health would be more greatly benefited by its absolute prohibition.

Respectfully submitted,

WALTER R. HERRICK,

Commissioner.